

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36938

FILED NOV 12 1943
Registration District No. 377

Primary Registration District No. 6283

Registrar's No. K

1. PLACE OF DEATH:

Wright

- (a) County: Wright
 (b) City or town: Hartville Rural Elk Creek
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: At her home
10 miles north of Hartville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: None
 In this community: 42 yrs.
 (Specify whether years, months or days)

8. (a) PRINT FULL NAME: MARGARET LUCINDA DAVIS

3. (b) If veteran, name war: _____ 3. (c) Social Security No. None

4. Sex: F. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Tilman L. Davis 6. (c) Age of husband or wife if alive: 86 years

7. Birth date of deceased: 2 (Month) 22 (Day) 1883 (Year)

8. AGE: Years: 60 Months: 7 Days: 6 If less than one day: _____ hr. _____ min.

9. Birthplace: Wright Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: Ephram Williams
 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
 14. Maiden name: Nerva Ann Dover
 15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Tilman L. Davis
 (b) Address: Hartville Mo
 17. (a) Bural (Burial, cremation, or removal) (b) Date thereof: 9 30 43 (Month) (Day) (Year)

- (c) Place: burial or cremation: Durbin
 18. (a) Signature of funeral director: Gene E. Halden
 (b) Address: Hartville Mo
 19. (a) Oct 10/43 (Date received local registrar) (b) Walter Huttell L. R. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State: Mo. (b) County: Wright 114
 (c) City or town: Hartville Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 10 miles north of Hartville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: Born in U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28
 year 1943 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death:

- Bronchiatis.
Pulmonary
Emphysema
Stomach

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence: _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: W. E. Halden (M. D. or other)
 Address: Hartville Mo Date signed: 9/30/43

RECEIVED

District Health Officer No. 6,

District File Number 1143-1213.

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.